

STATE OF DELAWARE DEPARTMENT OF INSURANCE

RISK PURCHASING GROUP PREMIUM TAX AND FEES INFORMATION FORM

Risk Purchasing Group (RPG) Name: Tax Address:		List any other name by which the RPG is doing business in this or any other state:		
				Administrator for RPG:
Contact Person:		_ Federal EIN #:		
Telephone #: E-mail address:	Ext.:	_ Date Registered in DE:		
		<u>-</u>		
RESIDENT AND NON-RESIDENT AGENT/BROKER INFORMATION		(Individual responsible for purch	(Individual responsible for purchasing coverage for RPG)	
		Agent SSN #		
		Agent DE License #:		
		 Telephone #:		
Is this agent / broker currently licen	nsed in Delaware as a Non-Resident Surplus L	Lines Broker? YES	NO	
	ION Attach additional page(s) if necessary insurance coverage from the following insurance of Domicile, NAIC # and EIN #)	ırance company or companies	S:	
COMPANY NAME (Insurance So	Cource) Domicile	NAIC #	EIN#	
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1. 2. 3. 18 Delaware Code, §8010: Purchas	sing Group Taxation			
1. 2. 3. 18 Delaware Code, §8010: Purchas Premium taxes and taxes on premiums paid for		chasing group or any members of the pu	urchasing groups shall be:	

18 Delaware Code, §702 (a) (b): Premium Taxes and Fees

Every authorized and formerly authorized insurer must show Gross Direct Premium Income*, including all policy membership and other fees and assessments and all other consideration received for insurance (other than as to Worker's Compensation and Employer's Liability, Wet Marine and Transportation insurance, and Annuity contracts) covering property, subjects, or risks located, resident, or to be performed in Delaware, and including proper proportionate allocation of premiums under policies covering persons, property, subjects, or risks located or resident, or to be performed in more than one state.

*Such income is to be determined by deducting from the total of all direct premium income (1) the amount of returned premiums on canceled policies (but not including the return of cash surrender values of life insurance policies), (2) the unabsorbed portion of any deposit premium, and (3) the amount returned to policyholders as dividends and similar returns, whether paid in cash or credited or applied in reduction of premiums.

Mail completed form to:

Delaware Insurance Department 841 Silver Lake Blvd. Dover, Delaware 19904-2465 **Questions:**

Mrs. Ann Fletcher, Tax Coordinator E-mail: Ann.Fletcher@state.de.us

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